

PATENT APPLICATION

OATH FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence and citizenship are as stated below next to my name.

I believe I am an original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled "Cancer Gene Therapy Based on Translational Control of a Suicide Gene," for which a patent application was filed on July 26, 2001, serial number 09/_____. (Attorney file no. 00S08 DeBenedetti).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims.

I acknowledge the duty to disclose information that is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby give powers of attorney to John H. Runnels, Registration No. 33,451, and Bonnie J. Davis, Registration No. 41,699 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all communications regarding this application to:

Bonnie J. Davis
Taylor, Porter, Brooks & Phillips, L.L.P.
P.O. Box 2471
Baton Rouge, Louisiana 70821
Telephone number (225) 387-3221.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18

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of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first joint inventor:

Arrigo DeBenedetti

Date: _____, 2001

First inventor's signature

Residence: Shreveport, Louisiana

Citizenship: Italy

Address: 221 Roma Drive
Shreveport, LA 71105

Full name of second joint inventor:

Robert J. DeFatta

Date: _____, 2001

Second inventor's signature

Residence: Shreveport, Louisiana

Citizenship: U.S.

Address: 209 Carrollton Avenue
Shreveport, LA 71105

STATE OF LOUISIANA

PARISH OF

SWORN TO AND SUBSCRIBED before me this _____ day of August, 2001.

Notary Public

Printed Name of Notary

My Commission Expires at Death

0916017-072601